

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Kulsum Bibi Date of Birth/ Age 65 Yr Sex: Male / Female ☒

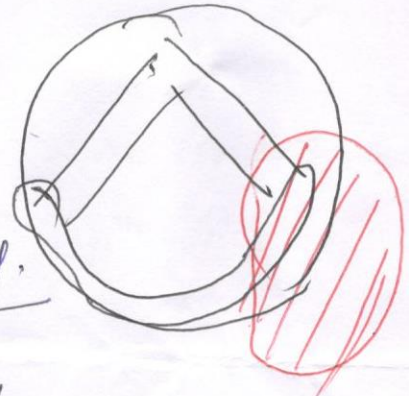
Client Code SPL/AS/056 Date & Time of Sample collection 12/6/23

Telephone _____ Referring Doctor (Name & Tel No.) DR. A. Hazarika
9632636747

Site of Specimen: Ho dysphagia

Relevant Clinical History:

Additional Clinical and Relevant Data: Occasym. large
Polypoidal Growth
at Distal AE Fold.



Clinical Diagnosis:

Type of Specimen

Carcinoma Hypopharynx

☐ Large ☐ Medium ☒ Small
☐ IHC markers ☐ Special Stains

Histopath Slides / Block for review

No. of slides _____

No. of Blocks _____

24287382

Fixation

☐ Adequate
☐ Inadequate

INSTRUCTION FOR FILLING UP FORM:

1. Please tick appropriate boxes only ☒
2. Please furnish complete clinical detail along with Request form.
3. Samples details not covered above should be entered in miscellaneous box.
4. Do not omit telephone number of Patient / Referring Doctor.
5. Guidelines for Creating Formalin - All the samples should be in 10% formalin (can be made by mixing 1 part formalin(40% formaldehyde solution) with 9 part distilled water.
6. Volume of fixative should be atleast 10 times the volume of tissue.

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